TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790
Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web www.tahd.org

"Promoting Health & Preventing Disease Since 1967"

Swimming Pool And Spa Application

This is not a building permit.
You must obtain a permit from the Building Inspector prior to any construction.

Owner _____ Street # _____ Street Name _____ Town _____

Mailing Address _____ Town _____ ST _____ Zip _____ Owner Telephone _____

Email Address _____ Cell Phone _____

Information Supplied By: _____ **Septic System Designed by:** _____

Pool Installer: _____ **Type Of Pool:** _____

Size Of Pool: _____ Above or Below Ground

Distance To Well: _____ **Lot Size:** _____

Distance To Septic System: _____

The application **must** be accompanied by a **check** made payable to **TAHD** in the amount of:

POOL APPLICATION, NO ADDITIONAL STUDY NEEDED $55.00
POOL APPLICATION, ADDITIONAL STUDY NEEDED(B100a): $150.00
(Returned Check Fee: $25.00)

Application must be accompanied by a SKETCH (on back) or plot plan showing the relative distances from the proposed pool to the house, well, and septic system. Sketch must be signed by applicant.

Signature of Applicant: _____ **Application Date:** _____

TAHD USE ONLY BELOW LINE

☐ **APPROVED** _____ ☐ **DENIED**

Existing Records? _____ **Septic Permit Number:** _____ **Waiver** _____

☐ B100a study required ☐ field investigation

Sanitarian _____ Decision Date _____

TAHD Is An Equal Opportunity Provider And Employer

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POOL WAIVER

I, _____, propose to install a swimming pool at

my home located on _____

in the town of _____.

I fully understand that the installation of this pool may interfere with the proper functioning of my sewage disposal system. I also understand and agree that if the sewage system does fail in any way, for as long as I own the house, I will have to take whatever corrective measures are deemed necessary, which could include but are not limited to removing the pool and / or replacing the sewage system.

Signed: _____

Dated: _____